Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			30				Γ	RATE	FEE	} {	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		* (O		ſ	X\$ 9=	90	OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 = *				Ī	X42=	42	OR	X84=		
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	537	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1) CLAIMS	(Column 2			(Column 3)		SMALL		OR	SMALL		
AMENDMENT A		REMAINING  AFTER  AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= ,	Ì	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	<u> </u>	=		X42 =		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=		
							L	TOTAL		OR	TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	· · · · · · · · · · · · · · · · · · ·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	. **		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	<b>!</b> [	X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=		OR	+280=		
	(Column 1) (Column 2) (Column 3)							TOTAL ADDIT. FEE		ΛB	TOTAL ADDIT. FEE		
								ADDII. PECI		•	ADDIT. I EL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE "	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T OL AIR	=	<b> </b>	X42=		OR	X84=		
┞	THIST PRESE	NTATION OF M	IULTIPLE DEI	CNUEN	II CLAIN	<u> </u>	<b>ا</b> ل	+140=		OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er fou	ınd in the ap	propriate bo	x in cc	olumn 1.		